

KANSAS MEDICAL JOURNAL.

VOL. IV.

TOPEKA, KANSAS, AUGUST, 1892.

No. 8.

A Plea for Early Surgical Treatment of Cancer of the Uterus.—Complications met with.

Read by invitation before the Obstetrical Society of Philadelphia, April, 1892,

By A. H. CORDIER, M.D., Kansas City, Mo.

In accepting the kind invitation of your president and secretary to write a paper for this society, I feel that my first duty is to thank you very kindly for the honor you have conferred upon me, and to express my high appreciation of the good work you are doing by the many scientific and practical papers presented here from time to time. I shall not expect to tell the members of this society anything new, and I trust you will thoroughly discuss this important subject that your deductions from personal experience may appear in the society's transactions and the good work you are doing be thereby distributed all over this country. I am aware that total extirpation of the uterus for malignant growths is an old operation, lately revived by Czerney in 1879. To-day the justifiableness of the operation is established by favorable reports from the leading gynecologists of the world.

Taking Martin's statistics with his eleven deaths in sixty-six cases, with seventy per cent. of cures in the cases recovering from the immediate effects of the operation of total extirpation, and comparing them with an equal number of cases treated by conservative and temporizing methods, the evidence is overwhelmingly in favor of the more radical procedure.

If a patient with a small epithelioma of the lip should consult the general surgeon, the first advice would be to have the growth early and completely removed. I can see no just reason or excuse why the gynecologist should turn his back and shirk, so to speak,

his duty when these poor sufferers with cancer apply to them for advice and treatment. Why waste months of valuable time robbing the unfortunate victims of the only chance for their lives when the golden opportunities are diminishing with each day spent in procrastination and tinkering.

The chances of only a partial extirpation of the diseased structures and the immediate danger from our operative procedure are increased with each day of waiting, as the disease, like time and tide, waits for no man. The complications are hard to deal with just in proportion to the extension of the disease to neighboring structures, which is an inevitable result of delayed intelligent surgery.

The rectum and bladder, although not often involved by the disease, except in rapidly spreading and neglected cases, are more liable to be injured during an operation if the adhesions caused by secondary inflammatory extension are firm. I desire to call attention to the frequency of tubal and ovarian disease complicating cancer of the cervix and body of the uterus, and insist on the necessity, if we would reduce our mortality, of completing our work. What surgeon, conscious of his duty, (no other should undertake to operate) would think of amputating in the middle of the humerus to cure an osteomyelitis when the indications, as they generally do, pointed to the fact that the disease extended to the head of the bone? Amputate at the shoulder joint or let the patient die unassisted. Do not disgrace surgery by doing poorer work than is done by the slow process of nature herself.

Do not wait for the sequestered appendages to have an involucrum formed about them, as septic peritonitis rarely leaves a cloaca through which the patient can escape death and the surgeon a high rate of mortality.

A complication of which there is very little written in any books to which I have had access is disease of the tubes and ovaries. Each case should be examined carefully to detect the presence of, as a complication, a pyosalpinx, ovarian abscess or cyst, that the diseased appendages may be completely and thoroughly removed. These complications are far more frequent than most operators with whom I have talked suppose. I see no reason why the appendages should not become diseased secondarily by an extension of the primary lesion. Mr. Tait firmly believes that cancer of the uterus begins uniformly in the endometrium. The Fallopian tubes are truly a part of the uterus. Barnes' statistics of 126 cases of vaginal amputation of the cervix, nine died from the operation. 200 cases are reported by one operator, with one death from chloroform. It must be remembered that where vaginal amputation is performed the disease is in its incipency; yet you have no means of telling its limits. While the appearances may indicate only a limited invasion of the cervix, the disease may have extended into the body of the uterus, and to amputate the cervix in a case of this kind would be just as bad surgery as to undertake to enucleate an osteo-sarcoma of the tibia and to predict a cure from this imperfect and illy-advised surgical procedure; just as logical. You would expect an early return of the disease and a rapid extension of its ravages to the surrounding structures, an untimely death of your patient, and the propriety of your surgical interference would be very seriously questioned by the friends of the unfortunate sufferer, and even your own conscience would hold before your eyes a picture of your imperfect work labelled—"A black eye to surgery."

Realizing with what frequency tubal disease is present in these cases and being aware of the fact that to do a surgical operation on the cervix while this state of affairs exists means an aggravation of the already existing tubal disease.

With these truths before us we should never under any circumstances resort to escharotics or cervical amputation in carci-

nomatous affections, but perform the more intelligent and radical operation of total extirpation of the uterus and its appendages, and thereby save many lives and hold surgery above the reproach which inevitably follows incomplete operations.

The following table taken from Martin's work translated by Cushing shows a larger per cent. of deaths than that of the majority of our American operators:

	CASES.	DEATHS.	PER CENT.
Fritzsch.....	60	7	10
Leopold.....	42	4	9
Olshausen.....	47	12	25
Schraoeder.....	74	12	17
Staude.....	22	1	5
A. Martin.....	66	11	19

I will briefly outline the various steps in the operation as performed by Dr. Joseph Price, whose record leads the world in vaginal as well as super-pubic hysterectomies, having performed forty-nine vaginal hysterectomies with only one death. Let me add just here the statement that his marvelous results are not only due to this special method of performing the operation of vaginal hysterectomy, but the thoroughness with which it is carried out as well. Your patient is prepared as for an ordinary "section," with the addition of a thorough vaginal douching the night before and at the time of the operation. The bladder is emptied an hour before the patient is placed on the table, which is not done until she is etherized. There is less danger if comparatively empty; enough urine will be secreted within the hour prior to and during the operation to act as your guide as to whether the bladder has been injured. Place your patient in the lithotomy position, with the nates well over the edge of the table. You need two assistants beside the nurses. The assistants handle the sponges, speculum, volcella, etc., as the operator directs. The operator, seated, washes the external parts and thoroughly irrigates the vagina with a 1 to 1,000 bichloride solution, seizes the cervix if there remains enough sound structures to hold on to with the volcella, and draws it down to the vulvar orifice or as far as it is possible with moderate force. If

there is much sloughing of the tissues the major portion of the diseased mass is scraped away by the curette and the vagina irrigated again before proceeding further. The operator, taking a short-bladed knife or a pair of scissors slightly curved on the flat, makes a complete circuit of the cervix as close to the vaginal vault and as far away from the diseased structures as it is possible to go with safety to the surrounding structures, as the bladder, ureter, rectum, or uterine arteries.

The posterior vaginal vault is now open by a dissection with the index finger, and the peritoneum opened with blunt scissors. Having entered the peritoneal cavity, sweep the finger from side to side and find out the relation of the various structures. You now make your dissection very carefully between the bladder and the uterus. Having opened the peritoneum anteriorly and posteriorly, using the index finger as a guide, apply the large clamp forceps to the broad ligament, keeping close to the uterus lest you include the ureter, and divide the structures along the uterine face of the forceps to within one-half inch of its point. If the tube and ovarian ligament are not included in the grasp of the forceps and you are going to leave them in, guide a second forcep over these structures and divide them. Trusting the clasped forceps to the assistant to the side of the patient corresponding to the structures divided and cautioning him to make no traction but to simply hold the instruments parallel, thus giving the operator more room to work while treating the other side in a like manner. After all the structures are severed the uterus is usually delivered with very little difficulty. If much trouble is experienced at this stage the uterus may be delivered quickly by using a miniature pair of obstetrical forceps. If the uterus is very large it is the wiser procedure to perform the super-pubic operation of total extirpation.

After delivering the uterus the vagina is irrigated and packed with gauze to prevent friction and to hold the handles parallel. This gauze acts as a drain, and these cases always drain profusely—thanks to nature's

lesson taught here in drainage. The forceps are allowed to remain on from thirty-six to forty-eight hours. At the expiration of this time the forceps are unclamped but not removed. By this precaution you have them in position in case there is manifested a tendency to hemorrhage (an accident of rare occurrence at this period), and by a delay of a few hours after unlocking the handles a softening process takes place in the crushed and surrounding tissues, allowing the instruments to be removed with ease and very little pain to the patient. If it is necessary to remove the appendages, (and I believe this should be done in every vaginal hysterectomy as a precautionary measure, the risk of leaving in diseased tubes avoided, and the pain and uneasiness produced by ovulation will thus be gotten rid of,) after applying the first forcep as described above, the second one is placed so as to just take in the round ligament, and the broad ligament is pulled down so that the bite of the forcep takes in the structures to the infundibulopelvic ligament. The tube and ovary are now easily (sometimes not so easy) removed along with the uterus.

I assisted Dr. Joseph Price a few weeks since in a vaginal hysterectomy which so beautifully illustrated the complications one must be prepared to cope with, that I cannot better tell the story than by giving a short report of this case. The lady, a noted actress, about thirty-five years of age, nulliparous, a few months ago presented the rational and physical history of a rapidly advancing malignant disease of the cervix.

The doctor removed the uterus, at the same time a cystoma of the right ovary and a double pyosalpinx. The dilated, thickened and elongated tube on the left side measured about eight inches and communicated with an ovarian abscess the size of a billiard ball. All these complications were dealt with by a thorough removal through the vagina. The patient recovered rapidly from the operation and is now apparently cured.

I here present a photograph of a specimen removed by the same operator, showing a double pyosalpinx and ovarian abscess.

I have also here a photograph of a specimen removed by myself, post-mortem, showing a sarcoma of both ovaries complicating malignant disease of the cervix. This specimen is a rare one and could not have been removed by the vaginal method.

I saw a patient to-day on whom I shall do a vaginal hysterectomy next week. She has this history: She is thirty-four years old, mother of three children, the last child delivered nine years ago; instrumental delivery, laceration of cervix at that time; has gone the round of iodine, eucalyptol, boro-glyceride, etc.; gives a history of tubal disease for last five years; had one ovary removed three months ago; is now bed-ridden. Examination reveals a bilateral lacerated cervix, with well marked malignant disease of both lips. On either side are diseased and distended tubes filled with pus. All the complications making the operation extremely difficult and hazardous. A failure gives little disappointment, a success much hope of a permanent cure.

I desire to submit to you for discussion the following deductions:

1. The justifiableness of early hysterectomy in these cases is unquestionable.
2. If the operation is performed early many cases are permanently cured.
3. Tubal and ovarian diseases are frequent complications.
4. In every hysterectomy for malignancy the appendages should be removed also.
5. All escharotics, caustics and tinkering should be condemned in treating these cases. They never cure but often make complications.
6. Complete extirpation as compared to amputation of the cervix is attended with as low a death rate and a greater per cent. of cures.
7. The operation when performed as described above gives the lowest mortality.
8. A few cases can be treated only by abdominal total extirpation, owing to the size of the uterus and the presence of solid tumors of the ovaries.

An Address.

Delivered to the students of the Kansas Medical College,
March 23, 1892,

By M. R. MITCHELL, M.D., Topeka, Kas.

Mr. President, Ladies and Gentlemen, Faculty and Students of the Kansas Medical College.—To have been delegated to deliver the parting address to the first class graduating in medicine in this young and grandly educational state of ours is an honor and perhaps a responsibility worthy of my highest appreciation.

A celebrated German professor once said, "Whenever I appear before my pupils I feel like making them a most respectful bow." On being asked the reason of such special regard, he replied, "Because I see before me the men of the future, the power of the state and of their age."

When I arise to address a class of medical students, as I attempt to do here to-night, I cannot contemplate their possibilities and their destiny without a sense of responsibility that both thrills and awes me. My object, then, in appearing before you upon this occasion, is quite more than simple entertainment.

He who undertakes to teach and counsel the young manhood and womanhood, preparatory to engaging in the activities of business or professional life, performs a duty, the scope of which is as vast as it is vital; a duty that reaches out through a lifetime, touches the coming generations, and is known in the future civilization.

The times in which we live, respecting the scientific and moral forces, are charged with the gravest responsibilities. Great and eventful developments crowd upon us, mighty pulsations of influence and of moral power send their quick, irresistible throbs into the far future.

Great activities, great thoughts and great achievements are rushing to great issues, and the profoundest interest in the choicest gifts of mind and manhood are challenged.

Thoughtless talking, thoughtless methods, thoughtless work and thoughtless liv-

SEND in your subscriptions to the JOURNAL.

ing were never so fraught with peril or so much out of place as now. And all because—

“We are living, we are dwelling,
In a grand and awful time;
In an age on ages telling,
To be living is sublime.”

Class of '92 of the Kansas Medical College.—Representing the faculty of this college, I propose addressing you a few words of counsel. And first, allow me to congratulate you upon the pleasant relations we have sustained, as teachers and pupils; also, that your work in your allotted studies has been so well done. My subject is

MEDICINE.

Much can be said to encourage you, and much might be said which may awe you in a prospective view of your future work. I hope I may in a measure at least be able to rise to the dignity of my theme.

My young friends, you have just commenced a life work. Let your watch-word be success. Ever fix your eye upon yonder star of hope, high in the galaxy.

An oriental story tells of an enchanted hill, upon whose top was concealed an object of great value. It was offered as a prize to anyone who should ascend the hill without looking back. Disobedience to this condition changed the too curious victim into a stone. Many a noble youth, allured by the hidden prize, had ventured up the fatal hill, but before reaching the top had yielded to fascinations of the surrounding scenery and stood as adamant, to gaze forever out of stony eyes on the deceptive path he had trodden.

All about were groves filled with voices of melody, while birds with sweetest carols made the air resonant with a bewitching symphony which overpowered the senses, turned the eye from the object in advance, and metamorphosed the throbbing flesh into cold hard rock. This is a symbol. To a young man, life is that enchanted hill; there is a prize at the top, but there is peril by the way. Who looks up and persistently advances gains the prize, but many, fatally charmed, turn aside and are blighted, blasted, forgotten.

But I desire to inspire and encourage you, appealing to a dignified manhood, that you may fully apprehend the excellencies of your chosen profession, joyfully assume the responsibilities and gain the achievements awaiting you.

Medicine, wherever it has been held up as a scientific pursuit, has owed its intellectual advancement, moral dignity, social power and practical usefulness to three great vivifying principles. These are, the spirit of scientific research, the spirit of honor, and the spirit of philanthropy.

When deprived of either of these fundamental principles which confer upon the profession of medicine its excellence and all its extensive and varied capabilities of usefulness, it degenerates rapidly into a low and contemptible calling, and its votaries will fall as the stars fall from Heaven—fading as they fall.

Physicians must be well instructed in the practical and scientific truths of medicine, and yet, if they are destitute of the spirit of gentlemen and the spirit of sympathetic kindness, they would be degraded in their motives and conduct, and their profession would never reflect the glories of moral greatness.

You have just completed the curriculum of study which entitles you to a diploma from the Kansas Medical College. Let me again congratulate you on being the pioneer class of the pioneer medical college which has so recently been born and cradled in the center of the great American desert. Yours is the trumpet-voice in the wilderness. The banner and the battle-sword are yours.

In the reception of these trophies, think not that your work is done; nay, you have been engaged in merely a slight skirmish at one of the out-posts of medical science; but the great battle is yet to be fought, and the victory yet to be won.

Look not upon your graduation as the acme of your fame, as the goal of your ambition.

Your college course is simply the preparatory to the higher educational departments of professional life. Although your work hitherto may have been thorough, and al

though you may possess the vantage ground of genius and scholarship, yet I would remind you that these possessions are but the pedestals, to be crowned with the glory of your higher attainments and triumphs, secured only by a lifetime of labor, study and investigation.

The path of success in any calling is usually the path of earnest toil. The best elements of character and the greatest achievements of life are the reward of persistent effort.

You have entered the arena of medicine at a time of marvelous progress in the science. Glorious victories are being pushed far into the vast territories of error and of ignorance. The brilliant achievements of the microscope, the test tube and chemical agents, as a means of diagnosis, in bringing to light the hidden things of pathology, suggest lines of therapeutical treatment based upon realities and facts.

The wonderful successes of surgery under the banner of "cleanliness" in the relief of suffering and the saving of life are now astonishing the scientific world.

To-day the shouts of joy and victory are passing all along the line, and all this is simply the beginning of triumph over pain and disease.

Away back along the ages, medical knowledge and skill passed through many transitions, beginning with ignorance, superstitions, traditions, religious rites, but later acquiring a value by the accumulation of facts from experience and observation. And we have reason to believe that the revelations hitherto are but small stars of light compared with the great blazing luminaries of the future.

Speed on, thou bright auspicious era of improvement, till the science of medicine shall rise still higher in its triumphs over pain and mortality, and reflect with augmented lustre the divine benevolence of its power.

Everywhere in the ranks of the profession a keen and exciting spirit of inquiry is at work. Every day the prolific press wafts to us new discoveries achieved in the healing art, and free accessions made to our fund of

facts and deductions brought from the vast field of research.

These successes have been achieved by a great army of workers, who have given their best thought and skill to our noble profession. You have enlisted in this great army, and we trust that your opportunities have already inspired you with a love for the profession, and such a sense of your responsibilities, that you will now consecrate your lives anew to the work of your chosen calling. Your instructions and observations have been in line with the most modern methods and thought in the science and art of medicine and surgery.

You are in the advance guard of the profession of to-day, in the guard of honor and responsibility, to whom is entrusted the sacred ark of medical science, and you are appointed to bear it on to victory, until the blaze of its overshadowing Shekinah shall lighten up every nook and corner in the broad fields of medicine. Much is expected of you.

Lord Nelson said to his soldiers in the great naval engagement at Trafalgar, "England expects every man this day to do his duty." Your alma mater, the profession and the community will expect every one of you to do his duty.

You will have discoveries to make, methods to formulate, principles to establish, and we trust that you have come up here to place your whole soul, mind, strength and future acquirements upon the altar of your chosen mission among men. This is an age of great advancement in science, art, and civilization as well.

The world is progressive, and medical science has not been and will not be behind the advance of other lines of thought and labor.

All forms of life, all methods of activity, thrill with and challenge earnestness and persistency of purpose. In the language of Carlyle, "The race of life is become intense, the runners are treading upon each others' heels, and woe to him that stops to tie his shoe-strings."

Activity is the cradle in which God is to-

day rocking the world. Progress is written upon the frontlet of the universe.

To-night we open to you the portals of medicine. In virtue of our office we present to you the brilliant prospect of a glorious fabric whose foundation stones, as the result of earnest toil, were laid fast and deep long centuries ago. You can aid in the erection of this grand temple by the result of your scientific thought and the contributions of the discoveries and facts from your own experience and observation.

In your professional labor you will have private and public duties to perform. In your private duties be prompt and faithful in your engagements and attentions upon the sick. Be methodic and critical in your examination and care of every case, making each the object of personal study.

When not otherwise engaged in your professional work, you will remember that your post of duty is in your office, and not in the accustomed resorts of street loafers, gossip venders or ward politicians.

Be punctual in your attendance upon medical societies, that you may be weekly, monthly and annually gaining the latest and best results of the associated experience of the profession, and always be ready and willing to present the results of your own experience and researches. Long since it was emblazoned on the temple of Esculapius, "Come and see."

In all your investigations, let this ever be your motto toward your professional brethren, rather than descend to the unphilosophic and inhuman level of clothing your discoveries with the magic power of mystery or secrecy, thereby to attract a credulous public.

To meet the demands of your calling, you must keep pace with advanced thought, be close observers and every day learners, students still and all the time. Do not expect to depend upon the honor and prestige of your profession to carry you along, but you should strive to carry it along, and year after year add new gems to its lustre by your industry and faithfulness.

Be not entangled with other pursuits or callings; otherwise, you cannot succeed in

medicine or anything else. It must have your undivided time and best thought.

Don Quixote imagined he could make beautiful bird-cages and tooth-picks if his brain were not so full of other ideas.

It is too true that the profession of medicine is everywhere carrying an immense load in the persons of the so-called physicians who are simply treading in the beaten paths of forty years ago.

Such are as bellows, inhaling and exhaling air because they cannot help it. They breathe because they cannot get anyone else to breathe for them. Like the knights of Utopia, they are of little practical worth in the engagements of life.

We have too many drones in the camp, mere hangers-on or stragglers on the march after truth.

"Be not in life's momentous strife
Like weeds upon a tide."

"Be not like dumb-driven cattle;
Be heroes in the strife."

Medicine should be your life work, and medical science your life thought. And while you cultivate assiduously the science of medicine and the collateral branches of knowledge as your special field of labor, yet, be men of broad views of the ends and realities of life.

You must bear in mind that the essential nature of your profession makes other demands upon you.

The common interests of society and of the age call for your services, as educated men, in other realms of thought and action. You should ever strive to press to the front as champions of literary culture, addict your powers to the investigations of the natural sciences, and earnestly urge on the discoveries of philosophy.

Always be ready to take a deep interest and to perform your common part in the educational and moral movements for the elevation of society.

Your professional duties bring you into a very near and intimate relation to the community in which you live. In you will be confided the most sacred trust, involving the peace, happiness, honor, health and life of

your fellow beings. You must be faithful and true to the responsibilities.

Of all others, it becomes you to be honorable-men, true-men, gentle-men. However great your skill and mental qualification, to succeed well in your profession you must be men of correct habits of life and of moral rectitude.

The day is passing away when the families of any community will confide in and entrust their most sacred and vital interests to the care of the physician whose frequent companion is the intoxicating cup, or whose evening hours are spent in Bacchanalian revelry. In this age of progressive civilization and culture, society places an appreciative estimate upon the rational man whose greatest earthly glory is the blended force and beauty of a noble character and a well ordered life, whose path is that of the just, and whose daily walk is radiant with excellencies and virtues.

Your relation to your profession imposes upon you important social duties. Towards its members ever maintain an erect attitude and an honorable bearing. Endeavor always to promote harmony and strengthen the friendships of your brethren, who should be bound together by the strong links of science, of honor, and of a mutual interest in the cause of humanity.

It will pay you to be courteous and kind, to hold the good will of all. Every blow that is aimed at the prostration of a true and faithful member of the profession, however humble he may be, will, in the judgment of the world, tend to degrade and vilify the whole profession. Say no harm of anyone. If a brother physician makes a mistake, let another's tongue publish it, and not yours.

I would remind you that the practice of your profession is no highway of ease and unalloyed pleasure, of balmy air and of unclouded sunshine. Often your faithful toil and earnest devotion will be unrequited by the gratitude you deserve, and as you go forth in your work, with high and honorable purpose, you will often be confronted by the ignorant advertising charlatans, with their secret nostrums, proclaiming their

mysterious power and their own miraculous cures, receiving the blazing encomiums of the press, the loud acclaims of the high and the low in the community, and their names, for a time, will even be the household words of the deluded populus. But alas! Soon they are gone, leaving behind the wail of their votaries, which may be fittingly expressed by the words of Milton: "O fleeting joys of Paradise, dear bought with lasting woes."

But allow not these defamers of the profession and robbers of society to dismay you. In the language of the poet, they are like

"Unanchored ships, they blow and blow,
Sail to and fro, and then go down,
In unknown seas, that none shall know,
Without one ripple of renown.
Poor drifting dreamers, sailing by,
They seem to only live and die."

It is Zimmerman who tells us that "Among the Chilians the whole duty of the doctor is comprised in his blowing around the bed of his patient, and that to blow well is the highest excellence of the medical attendant."

The doctor possessing a good degree of the blowing element will find his followers in more countries than Chili.

In its true character, the profession of medicine is a triple partnership in science, honor and humanity.

Its commission is replete with the highest ends, and its destiny is no less than the greatest earthly happiness and temporal well-being of the race.

Such a profession, truly, should be guarded by its members from the polluting touch of everything calculated to rob it of its essential dignity, eclipse its lustre, or to degrade it in the popular estimation.

You are the conservators of the good name of our profession, which society is ever ready to cherish.

The high estimate placed upon the profession by the world will be continued in a degree proportionate to that in which its honor and dignity are maintained by its members. It is truly worthy in all respects of our attachment, and of the unremitting consecration of all our best powers to its

high and noble service. Reflect for a moment upon the scope of its mission in society. Contrast it, if you please, with the art of war in their prospective spheres and results.

"War is the law of violence," true medicine the law of love. War influences man against his fellow, spreads desolation wherever its iron heel presses, and fills the land with widows and orphans. It turns the kindness of human nature into hatred, arrests the progress of science and civilization, and dries up the fountains of domestic love and happiness.

The profession of medicine opens a wide field for the exercise of the powers of mind, elicits in its true followers a burning thirst after knowledge. In a special manner, it is calculated to call forth such a varied and rich exhibition in life of the best sensibilities of the heart, and of the finest traits of moral goodness.

It develops, in its true members, the most tender and sympathetic response to the moans of the suffering. The surgeon is not unkind because he goes straight on with firm hand and unfaltering heart to take off the diseased limb.

In other professions, a man may rise to great prominence and distinction, and yet in his relation to the rest of humanity, his heart is like adamant, and his nature as the icy-glazed ship mast. But the physician, to be loyal and true to his calling, to merit the epitaph of "beloved physician" to his memory, must possess the divine attribute of sympathy.

In its design and results, it is fraught with true benevolence. It visits the haunts of suffering, it lays its healing hand on the tortures of the body, and restores to health the disordered intellect, racked with the horrible delusions of insanity. Its beneficent power is felt in the mansions of opulence and in the hovels of poverty, waiting by the tender frame of infancy, in woman's child-bed agonies, in manhood's vigor and life's evening hours. From the cradle, where sleeping innocence draws its sweet infant breath, down to the declining years, when age bends beneath its infirmities, through

all periods and phases of human existence, the eye of medical skill, in the prevention, as well as in the cure of diseases, is fixed, in watchful care, over the health of man.

The records of the battle-field show many noble examples of heroism and risk of life in the face of the greatest danger. But no grander display of heroism was ever shown amid the carnage of war than may be daily seen in the rounds of the earnest, conscientious physician or surgeon, as he battles with infection and pestilence for the relief of his fellow beings.

You have chosen a pursuit which offers you less prospects of honor and remuneration than many others. The pulpit, the law, philosophy, commerce, literature, and the art of war, wherein mind contends with mind in the open arena, may confer higher honors, richer rewards, and shine more in those traits which captivate mankind.

But few of these can point to as high and noble purposes and greater blessings secured to mankind as that of medicine. What votaries of any profession have accomplished as much for humanity and whose names are deserving of a brighter halo of glory than that of Harvey, Jenner, Sims, Simpson, Gross, Flint, McDowell, Rush, before whose faith and struggles mountains of difficulties were subdued and made to crumble and fall, as did the walls of Jericho at the sound of the trumpet-voice of Israel's faith?

And how much should we rejoice in the undying efforts of these illustrious dead, by whom medicine was raised from the mutterings of superstition to the grand fabric of a true science, as it is this day?

And what shall I say more? For time would fail me to tell of the galaxy of illustrious names diffusing their undying fires along the heavens; and as their mingled glory shines on your path, be encouraged to tread in the ways of professional virtue, probity and goodness, till your deeds of beneficence and your contributions to medical science shall go to swell the brightness and grandeur of the scene.

To each of you I now say:

"Courage, brother; do not stumble,
Though thy path is dark as night,

There's a star to guide the humble;
Trust in God and do the right.

"Perish policy and cunning,
Perish all that fears the light,
Whether losing, whether winning,
Trust in God and do the right.

"Some will hate thee, some will love thee,
Some will flatter, some will slight,
Cease from man and look above thee,
Trust in God and do the right."

My young friends, as you now enter upon the active work of your profession, permit me again to remind you that we have received from our predecessors in medicine a rich legacy. Let us guard it with a constant vigilance.

Let us, with elevated eye and firm resolve, survey the vast field of possibilities yet to be realized in our science.

All hail, my brothers! The very stars beckon you on. With determined soul and pure purpose you may attain to a glory of place and achievement, beside which the ideals of the past are but trifling.

Ever be diligent, faithful and true in your calling, and your work will, ere long, lift your memory into an immortality that will grow brighter and brighter when marble and bronze will crumble into dust.

The Action of Strontium Salts Explained.

Compiled and translated from the reports of the French Academy for THE KANSAS MEDICAL JOURNAL and presented with the author's compliments,

F. S. MASON, 47 East Ninth Street, New York.

The testimony of several authorities at the French Academy relative to the therapeutical value of the strontium salts seems to be generally confirmed by the clinical tests made in this country, but its mode of action appears to have been but little understood.

The bromide of strontium has undoubtedly superior claims over the potassium salt, on account of the very much larger doses of bromide which may be given without producing cutaneous eruptions or other

symptoms of intolerance; and it is only a question of time when its adoption becomes general.

Lactate of strontium benefits and even cures certain cases of albuminuria and other pathological conditions implicating excessive tissue waste, and it is the favorable results reported with this salt which especially call for explanation. Prof. Laborde, whose investigations at the Paris physiological laboratory proved that the strontium salts made by the Paraf-Javal process were absolutely innocuous, thinks these beneficial effects are explained by the improved conditions of nutritive supply, unhindered by alimentary toxines, gases and secondary fermentation products, which are reduced to the minimum when the strontium salts are administered.

Strontium salts, therefore, may be considered as gastro-intestinal antiseptics and germicides, and this would also account for the remarkable cures of certain cases of dyspepsia and of dilatation of the stomach, in which Prof. Germain See has always found the bromide and lactate of strontium (Paraf-Javal) so successful.

In heart diseases, syphilis and rheumatism the iodide replaces the potassium salts very successfully, and larger doses may be given. The greatest importance is certainly the question of the absolute purity of these strontium salts, as cases of poisoning have already occurred by the use of commercial preparations. All the French authorities insist very strongly on this, but their clinical evidence shows that if proper caution is used in obtaining the drugs, no danger need be apprehended.

Dr. Laborde (*Tribune Medicale*) says: "The strontium salts (Paraf-Javal) are free from barium and are perfectly pure. They are the only ones I used in my physiological researches, and the same are used in the Paris hospitals and by Drs. Germain See, Paul, Buckquay, Fere, and all of those who made the first communication to the academy."

ALL men think all men mortal but themselves.—*Young*.

Perinephritic Abscess.

By W. W. WILLIAMS, M.D., Unionville, Mo.

On March 14, 1892, I was called to see Mr. Ed R., age twenty years, who had been injured on February 28, while lifting a heavy piece of iron, he at one end and a man at the other and one in the middle. When they had it about a foot from the ground and while in a stooping position, the middle man let go and the weight crushed R. to the ground. He was faint and sick, great pain in right side and loin, followed by bloody urine and fever. When I was called on the 14th of March, found him suffering great pain, with fever and swelling in right side and loin; thigh flexed on the abdomen, and inability to extend it; great pain on moving it; bloody urine; bowels constipated; insomnia and anorexia; had to be turned in bed. Antikamnia was given to control pain and fever; but still the pain and sleeplessness continued, in spite of morphia and sulfonal in large doses; hot applications, etc.; continued in about the same condition, except an increase in the swelling and soreness; no fluctuation; one chill; fever of a hectic type, up to March 23, when I concluded to aspirate, when Dr. E. J. Geisinger was called to see the case with me and advised me to wait a few days longer before aspirating. But on April 1, as he had not improved, Dr. Geisinger administered chloroform and after thorough antiseptic precaution I aspirated in right loin, just below the last rib, three and one-half inches from the spine of the vertebra, with a medium sized needle, over the most prominent part of the swelling; got no pus. I then introduced the largest needle; still got no pus, but when the needle was withdrawn found a few drops of pus on the end of the needle. I then made a free incision through the integument, fascia and fat, the edge of the quadratus lumborum was sought, and the aponeurotic extension of the transversalis muscle divided on a grooved director, when the finger was passed directly up on the kidney, liberating a large quantity of pus, one-

half gallon, with thick threads of tissue. Washed out the cavity with a 1 to 4,000 bichloride of mercury solution. Put in a large drainage tube seven inches long, and a bichloride and antiseptic dressing applied. Rallied nicely and temperature fell from $104\frac{1}{2}^{\circ}$ to 99° in twelve hours, and did not rise above 101° but once or twice. The pain ceased and appetite improved at once. Wound was irrigated every day until April 24. Wheeled on an invalid chair to my office. Weight, 95 pounds; original weight, 136 pounds. On April 30 removed drainage tube; it had been gradually shortened before. May 25 healed up entirely. He is well and stout as ever; weight on May 31, 131 pounds. There was no redness at any time over the swelling. There should be no waiting for fluctuating. The increasing fullness, hardness and tenderness, and perhaps the commencing redness and oedema of the skin, are ample signs to demand an incision.

A Case of Intestinal Obstruction.

Read before the South Kansas Medical Society at Wichita,
May 3, 1892,

By C. M. HOLCOMB, M.D., Winfield, Kas.

Mrs. J. M., æt 45, Irish parentage; family history good; had always been in possession of good health except for a ventral hernia of seventeen years duration. It had become strangulated a number of times, but had always been returned without much trouble, and before any inflammatory changes had occurred. On July 11, 1891, Dr. Emerson and I were summoned to her home, twelve miles distant, and from the nature of the message, went prepared for a laparotomy. On arriving there about sunset, we found she was suffering from all the symptoms of intestinal obstruction. It seems that some five days previously, the hernia had become incarcerated and some inflammatory changes had taken place before it was reduced. No movement of the bowels being produced by the use of cathartics and rectal enemas, and vomiting and fever being present, induced Dr. Pilcher, of

New Salem, the attending physician, to send for us, as previously stated. We found her with a temperature of 104° F., a rapid, weak and dicrotic pulse, face pinched, and symptoms of approaching collapse. No differences of opinion existing as to intestinal obstruction being present, we readily agreed upon the course to pursue, and informed the family of her condition and probabilities of recovery with the operation and her doom without it. After an hour or two of deliberation, consent was given us to do as we thought best.

Accordingly, preparations were made for the operation. As to the difficulties confronting us, you can get no clearer idea than for me to describe the surroundings. Imagine, if you can, an Irish family of moderate means and still more moderate ideas of living with hygienic surroundings. A low one-story house, built on stilts, for the accommodation of the swine, geese, ducks, turkeys and chickens, who congregated underneath, and at will roamed through the house—seemingly actual inmates of the household. No obstruction was offered even to the flies, which swarmed the room, as only flies can swarm where every inducement is offered them, as was the case here. On walking over the floor one was reminded of that clause in Dr. Holmes' "Psalm of Life," foot-prints on the sands of time, for a foot-print was easily discernable on walking across the room. So thick was the dust and dirt, that we thought best not to disturb any of it, but let it rest as quietly as it would after sprinkling the floor with water, so leaving the air less pregnant with its germs. The water had to be boiled outdoors, over an open fire and in an iron boiler. On going out to inspect the boiling process, Dr. Emerson found the water hidden from view, as the accumulated filth of the boiler had somewhat loosened its hold, and like cream, had come to the top. He ordered the boiler emptied and scoured with sand, which was done, and the boiling process commenced anew. It was almost midnight when we placed the patient on the table, amid the light emitted from a flickering taper held at her head, and a lamp whose light was so dim as to cast a gloom

around, yet sufficient to arouse the activity of the flies from their midnight slumber, and caused perpetual motion of a peach tree brush, held in the hands of one of the on-lookers, to keep them from the open wound.

Dr. Emerson performed the operation, and on opening the abdominal cavity found a mass of omentum crowded into the hernial sac, and included a knuckle of the ileum; and the inflammatory changes which had occurred during the last incarceration of the hernia had thrown a band of lymph around the intestine, making a complete occlusion.

After releasing the intestine, the incision was closed and the usual dressings applied. The patient's condition was somewhat improved at the close of the operation, the pulse having become slower and more regular, and facial expression improved.

Time of operation thirty-five minutes, and about an ounce of chloroform was used.

During the next twenty-four hours the temperature fell to 100 F., and vomiting ceased and bowels performed their usual functions. Dr. Emerson visited her on the fourteenth and fifteenth, and found that the temperature had ranged about 99° F., and her condition so well, that he did not make any further engagements to visit her until the nineteenth, on which date we expected to remove the stitches. However, on the eighteenth we were hastily summoned to see her. Arriving there about ten A. M., we found her in a very weak condition, almost pulseless, and the omentum and intestines partially on the outside and adherent to the band which was about her. It seems that on the evening before, the seventeenth, the stitches had been removed, contrary to instructions or previous understanding. The band not having been put on tight enough to furnish the requisite support, and the patient indulging in a sneeze about one o'clock in the morning while lying on her side, the whole line of incision was re-opened, with the result above stated. The same unfavorable circumstances again surrounded us, except we had daylight this time. Some inflammatory changes having already commenced in the omentum, we cut off all affected portions and washed out the cavity.

After refreshing the edges of the wound, which showed healing by first intention all along the line of incision, Dr. Emerson first sewed the divided hernial sac together, then closed and dressed the abdomen in the usual manner. Recovery was uninterrupted, the temperature not rising above 99° F. No vomiting, and bowels moved regular. Less than one ounce of chloroform was consumed, and only twenty-five minutes of time. Her health since recovery has been excellent.

The Management of Placenta Prævia.

Read before the South Kansas Medical Society at Wichita,
May 3, 1892.

By S. H. BREHM, M.D., Hutchinson, Kas.

A disastrous case, occurring several months ago, induced me to review the subject of placenta prævia in the written records and teaching accessible to me. The loss of a mother to a family is assuredly the greatest disaster possible to befall that household, and always impresses me most profoundly with the responsibility laid upon the practitioner of our art. When our secretary called upon me for a contribution, I appeared at a loss for a subject that might not consume your valuable time without profit; but after some reflection, it occurred to me that I could do no better than invite your attention to a subject, by way of refreshing our memories, for I have nothing original to present for your criticisms, a subject which, it seems to me, has been neglected by the profession in our current journalistic literature at the expense of much that is of far less importance, for at least the last several decades; and a subject which appeals with momentous emphasis to every practitioner of our art, however humble his position in the profession, or however isolated his field of labor; for upon its clear and critical comprehension hang the destinies of life or death of the most precious lives in any community. Fortunately for those who are liable, this error of nature is of rare occurrence, for it is estimated to happen only once in five hundred; and herein

is it equally unfortunate for the unwary practitioner, who is open to a call, day or night, to confront and deal, upon his own resources, with an emergency demanding the clearest possible views of the nature of the subject, the promptest decision and with the courage of his convictions to govern himself accordingly.

It is so seldom that the general practitioner is summoned to deal with this greatest of responsibilities, that there is great danger when the supreme occasion arrives, as it surely will in the experience of every physician, that he may be illy prepared to meet and successfully cope with its imperious requirements. This, then, is my apology for introducing an old subject.

On Feb. 25, the writer was called to visit Mrs. M., six miles in the country, and reached her bed-side at three P.M. She was about thirty years of age, and seven and one-half months advanced in her third pregnancy. Her face was blanched as the whitened wall of her bed-chamber, and her radial pulse scarcely perceptible. Immediate examination revealed the vagina filled with blood clots, and an os the size of a half-dollar, entirely covered with placental tissue. Whisky was given, the clots turned out and the vagina packed with cotton.

A messenger was dispatched for assistance. The head was lowered and whisky and milk administered as the stomach would bear. In course of one and one-half hours labor pains set in and continued, but the pulse gained no strength in reaction. Moderate labor pains continued for an hour and a half more, when it was observed that slight serous discharge was passing through the tamponade.

Assistance having arrived, after counseling, it was determined to remove the tampon and deliver if possible. The os was found sufficiently dilated to introduce the hand without much force, which was passed to one side, the placenta detached and the sac penetrated. The presentation was found to be transverse. Podalic version was effected and the foetus delivered with no unusual amount of difficulty. The patient died from collapse, in ten minutes after de-

livery, without any material additional loss of blood. The delivery of the placenta preceded that of the child. Dr. Maguire assisted.

Intending our consideration to be confined to the modes of practice in vogue, with a view of eliciting and determining the best plan to be pursued in any given case, we will simply as a premise define placenta prævia as a case in which the placenta is located in the lower segment of the uterus, sufficiently near the internal os, that when the orificial zone of the uterine cavity must necessarily dilate to the extent of giving passage to the foetal head, more or less separation of the placenta must occur, accompanied with sudden and usually profuse hemorrhage, denominated by the old authors unavoidable hemorrhage. Placental detachment and hemorrhage may occur as early as the fifth month of utero-gestation, most probably caused by the disparity in the growth of the placenta over the development of that part of the uterus to which it is attached. The attachment being abnormal, the cervical segment of the uterus is ill adapted to development, *pari passu*, with the rapidly growing placenta.

Hemorrhages are especially apt to occur at the menstrual period, from the afflux of blood to uterus and placenta during the *molimen*. Hemorrhage may occur suddenly and without warning, even during rest and sleep, from placenta prævia, at any period after the fifth month, but is more apt to be troublesome and violent during the final months of pregnancy.

Premature labor is very likely to be induced by attacks of hemorrhage, especially if there be central implantation of the placenta.

When called to a case of hemorrhage, say from the fifth to the seventh month, in all probability when you arrive the hemorrhage has ceased, and very likely it has not been copious to exsanguinate to an alarming degree. You advise quietude in recumbency for a few days, with prohibition of marital intercourse, and advise to be sent for at once should there be any recurrence. Should hemorrhage continue without any

dilatation of the os, an opiate or the fluid extract of the uterine sedative, *viburnum prunifolium*, with cold applications to the pubes and vulva, may arrest the flow; if not, a vaginal tamponade must be introduced, of which, we believe, the most efficient and innocuous to be that consisting of small balls of cotton passed through a Sims' or lateral bivalve speculum, well and evenly packed.

If the accident occurs after the seventh month, contractions are more apt to supervene, and we believe it to be good practice to encourage the inception of labor and terminate the pregnancy, lest a future hemorrhage end the existence of our patient.

How shall we proceed in a case of hemorrhage from placenta prævia when labor has set in at full term or before? The old authors, in the time of Levret, Denman and Churchill, were so imbued with the idea of "unavoidable hemorrhage" as a result of placenta prævia that they inculcated and practiced the evacuation of the uterus at all hazards. If the os and cervix were found insufficiently open, the "accouchment force" was practiced, the foetus and secundines extracted as speedily as possible, regardless of injuries inflicted upon an undeveloped and undilatable uterus, and the not infrequent lacerations with their hemorrhagic and septic consequences, and without a consideration for the life of the foetus.

Next was the observation by different observers of the cessation of hemorrhage in certain cases from the natural detachment of a portion of placenta, which gave birth to the theory that the placenta supplied the loss of blood in hemorrhage, and led Simpson to advocate total detachment—a process almost essentially fatal to the foetus, and by no means certain for the mother as a means of arresting hemorrhage, because of defective uterine contraction, in many cases not assuring a prompt and expeditious delivery.

To Dr. Robert Barnes, of London, belongs the high prerogative of making innovations upon the fixed practice of several centuries, and rescuing from the thralldom to which it had long been consigned, and raising to a more scientific basis, a practice which is

destined to save the lives of many of the noblest of God's creation, (which were formerly sacrificed in this grave error of nature's operation, for lack of clearer scientific conceptions of practice,) as well as to largely increase the vital percentage of the new-born.

In 1845, from observations and reflections upon a case in hand, in which, by nature's own effort, after separation of the placenta to a certain extent, hemorrhage ceased and labor was completed in a normal way, Barnes elaborated the theory that by the retraction of the longitudinal fibres of the cervix, as the os dilated, the placenta was separated by concentric rings until that point of cervical dilatation was reached which would allow the passage of the head, when hemorrhage should cease; and for convenience of illustration, he divided the cavity of the uterus into three zones, which he named the fundal, meridional and cervical. To the fundal he accorded the normal and best site of attachment; to the meridional, safe from ante-partum hemorrhage, but liable to other complications, among which, post-partum hemorrhage; and any encroachment below the circle separating the meridional and cervical zones is always liable to previous detachment, hence, his lower polar circle was his line between danger and safety; this he estimated to be about three inches above the os. His rule of practice in a given case requiring control of hemorrhage and lacking dilatation of the cervix, was to dilate with tents first, and then by means of caoutchouc bags, then rupture the membranes, give ergot, and apply an abdominal bandage exerting pressure from above. If hemorrhage still continued, insert one or two fingers, with hand in vagina, if necessary, between the uterus and placenta, separating it circumferentially as far as the finger will reach, when, as he asserts, hemorrhage will generally cease, and labor may be allowed to pursue a normal course.

Next we will consider a plan of procedure elucidated and ably advocated by Dr. Davis, of Wilkesbarre, Pa., in his address in obstetrics, read before the twenty-seventh session of the State Medical Society of Pa., in 1876, and published in its transactions for

that year. In a number of cases of placenta prævia, Dr. Davis always found, contrary to Barnes' idea of equal concentric separation, a much greater extent of detachment in a certain direction than in the remainder of the circle; so that while the extent of separation could scarcely be reached by the finger in this direction, it never exceeded an inch on the remainder of the rim of the os. As the cause of detachment, he disagrees with Barnes in his theory of retraction of the cervix, and believes with J. Matthews Duncan that it results chiefly from circular expansion of the cervical zone in a direction transverse to the axis of the uterus, reinforced also by the *vis a tergo* of foetal pressure from above. This applies, of course, to cases in which the placenta covers the os.

Davis shows with great force and reason that separation will take the course of least resistance between the placenta and uterus. Should the extent of implantation be unequal on two sides, it will naturally take the direction of the lesser attachment; or should it be central, it will take the line of least strength of adhesion. He declares: "Complete lateral detachment, leaving the connections of the placenta to the uterus on the opposite side comparatively undisturbed, is the law of spontaneous separation of the placenta in cases not centrally implanted."

He asserts further, that in lateral separation the extent of detachment necessary to clear the passage for the child must uncover at least one-half of the uterine outlet, and likely to extend beyond in individual cases. From this physiological or natural process of lateral separation, his practical deductions and rule of practice are as follows: "As soon as the os uteri will admit two or three fingers, pass the hand into the vagina. Ascertain by sweeping the finger around between the placenta and uterus, without disturbing their connections, on what side the separation of the placenta is most extensive. That will always be the side of the least extensive attachment. Introduce two or three fingers on that side up between the uterus and placenta until the border of the placenta, where the membranes begin, is

reached, severing the attachments as you go, if any remain. Then hook the fingers over the border and draw the placenta forcibly down and pack it closely to the other side. The membranes will, of course, come down with it and will protrude through the open mouth of the womb. Rupture the membranes at once and empty the womb of its waters as thoroughly as possible. The head, if it presents, and if pains are active, will now engage in the os, and will crowd the placenta to the side of the cervix on one side, and will block up the open mouths of the vessels upon the recent seat of the placenta on the other, and the hemorrhage will cease. If labor can be made sufficiently active to control the hemorrhage, the case may now be left to pursue a natural course; but if labor be insufficient, the forceps should be applied."

Statistics relative to these several procedures in the management of placenta prævia exhibit a very considerable difference in the mortality to both mother and child. The fatality to the mother, after version, is estimated a little less than one in three, with two-thirds of the children.

Simpson reports 140 cases of spontaneous expulsion and artificial extraction of placenta before the child, with a loss of one in fourteen.

Objection has been made to the inclusion of cases of spontaneous expulsion, while Trask reports a loss of one in a little less than five, in a considerable collection of cases, which is likely to approximate more nearly the truth.

A nearly total fatality to the child is a grave objection to the practice of placental extraction before the child. Barnes reports a loss of one in eleven and one-half of the mothers in a collection of sixty-nine cases treated by his method, while thirty-seven per cent. of the children were born alive, a large per cent. of the still-born being non-viable.

Dr. Davis reports the history of twenty-eight cases occurring in his own practice and that of his friends, in which head-first delivery was effected, and the practice by version as soon as the os was sufficiently

open to introduce the hand, was disregarded. The loss of mothers was one in fourteen, or two out of twenty-eight. One of these occurred in the practice of Prof. Thomas, of N. Y., from post-partum hemorrhage, artificial extraction having been done four hours before the birth of the child. The other in the practice of Dr. Eshelman, of Philadelphia, from heart-clot induced by sitting up in bed an hour after safe delivery by the forceps. One in 217 of the children were born alive, and of the sixteen still-born, at least four were non-viable.

The chief aim in all these plans of practice, whether artificial extraction before the child, placental separation concentrically $2\frac{1}{2}$ to 3 inches above the os, or lateral separation with packing to the other side, is to avoid the operation of podalic version. The operation of version, especially in placenta prævia, is attended with considerable violence to the uterus, whose tissues at times, for lack of development, are illy adapted to the distension to which they are subjected; and moreover, the cervix in these cases being abnormally developed and spongy, is liable to laceration and contusion, favoring consequent septic processes. It is no less desirable to avoid version when not absolutely necessary, because of the grave fatality to the new-born.

In the writer's notes on a lecture by Prof. Ellenslie Wallace, of Jefferson, on the subject under consideration, during the lecture term of '65 and '66, in advocating exclusively, as did his predecessor, Chas. D. Meigs, the operation of version as soon as practicable, he asserts that he never knew a living child, presumably in his own practice.

A very important factor in the practice of head-first delivery in cases in which uterine contractions are inadequate to bring down the head and thereby arrest the hemorrhage, is the application of the long forceps with narrow blades as soon as the os is open wide enough to enter the blades, for by this means the head can be drawn down and the hemorrhage completely controlled at the will of the operator, and the os gradually dilated for the passage of the child.

In his published report for 1875, Dr. John-

son, then master of the Rotunda lying-in hospital of Dublin, in referring to the application of the forceps before full dilatation of the os, says: "That since he began the practice the forceps has been thus used 169 times, and in a large proportion of the cases the application was made when the dilatation did not exceed $1\frac{5}{8}$ inches."

Dr. Eshelman, of Philadelphia, reported in the *Philadelphia Medical Times* in 1875 two cases of placenta prævia in which he used the forceps, in one of which a narrow-bladed long forceps was applied through an os whose diameter was only $1\frac{1}{2}$ inches, for the purpose, at the same time, of expanding the os and making pressure of the head to control hemorrhage. In the other case, the forceps were applied through a crevice found in the placenta over the os. He succeeded in dilating the os and completely controlling the hemorrhage, and in one case a living child was delivered.

Of the twenty-eight cases of head-first delivery reported by Dr. Davis, in fifteen cases the forceps were used, and in all before full dilatation of the os had occurred, with one death from heart-clot induced by imprudence after delivery. Six children out of the fifteen were born alive, and at least three of the remainder were non-viable.

In the annual report of the Schuylkill County Medical Society for '83, Dr. Jno. T. Carpenter reports two cases, as follows: "Mrs. S. B. was seen in a state of complete collapse after a terrible uterine hemorrhage. Pain was absent and bleeding over when I arrived. After an anxious afternoon spent in stimulating and supporting the ebbing vital forces, reaction was brought about successfully. Fearing that a recurrence of hemorrhage should prove fatal, if delivery were not accomplished, I proceeded to dilate the os uteri, which was readily done. The membranes were ruptured and the placenta detached partially and pushed to one side; one blade of the long forceps was introduced into the womb; next the second blade was carried up and by external manipulation the head fixed while the forceps were locked successfully above the superior strait. Traction brought down the head and com-

pressed the placenta so completely that no more hemorrhage occurred. During these manœuvres ergot and stimulants were freely given. For about an hour steady pressure of the forceps was kept up and at last the head was brought into the pelvis, whence it was speedily extracted. The placenta was immediately removed and complete recovery resulted. An exactly similar course of treatment was equally successful in the case of Mrs. M., of Pottsville, seen by me in consultation with Dr. Bland. In both cases death was imminent unless interference had been successful."

Dr. Carpenter further remarks: "This method of treatment was recommended by Dr. Davis, of Wilkesbarre, in the address on obstetrics written for the state medical society in '76. If the transactions had contained no other contribution, this one would have in itself possessed sufficient value to make the volume for '76 a noteworthy one. Your reporter believes that Dr. Davis' method of managing placenta prævia is the nearest approach yet made towards a true scientific procedure, and has reported these cases in order to call attention afresh to the very great value of this mode of managing unavoidable hemorrhage."

To recapitulate, the management of placenta prævia as recommended in this paper is as follows:

If called before the seventh month, rest in recumbency, with cold applications to pubes and vulva, opium or viburnum prunifolium internally, may arrest the hemorrhage. But should hemorrhage be persistent, especially with some dilatation and pain, by all means encourage labor with a view to evacuating the uterus at any period.

If called after the seventh month of utero-gestation, and hemorrhage be sufficient to demand active interference, before dilatation has begun, the indications are to arrest hemorrhage and produce dilatation as quickly as possible without injury to the cervix. This is most expeditiously and safely accomplished by means of sponge tents first, followed with some of the various forms of soft rubber dilators, as Barnes', Molesworth's and Emmet's, and in the ab-

sence of these, an efficient tamponade, until a dilatation of $1\frac{1}{2}$ to 2 inches is secured. Ergot may also be given if the presentation be not transverse. Then if the os be not covered with placenta, rupture the membranes and ply the ergot, with an abdominal bandage drawn taut, and if hemorrhage do not cease, apply the forceps and control the hemorrhage with traction on the head. But if the os be covered, lateral detachment according to Davis' method should be made, and the placenta drawn down with rupture of the membranes, and ergot and the binder, when if hemorrhage continues, immediate resort to the forceps should be taken. If the presentation be transverse and cephalic version cannot easily be effected, or if for some reason the head cannot be grasped by the forceps, resort must be made to podalic version to speedily terminate the delivery.

We will close with a quotation from Dr. Joseph Price in the Pennsylvania state transactions for '84, who says: "After a careful study of the whole subject of placenta prævia, one cannot avoid the conclusions so well stated by Lusk: 'That the result depends in a large measure upon the personal qualities of the physician in charge. A self-possessed man, cool, resolute, and with clear ideas of the anatomical conditions to be dealt with, will, if summoned in season, deprive even placenta prævia of a good share of its terrors.'"

Eastern Kansas Medical Society.

The society met in A. O. U. W. Hall, Topeka, July 7, at 8 p. m., president L. H. Munn in the chair.

Members present: Drs. Schenck, Lindsay, Alkire, Pelton, Gilbert, Minney, Wall, Jones, Peers, Ida M. Barnes, Miner, W. E. McVey, R. E. McVey, Powell, Walker, of Lawrence, Reynolds, of Horton, Seabrook, of Burlingame, Mitchell, Williamson, Bradley, Cannon, Ward, Sheldon, Davis, Stewart and Magee. Medical students: Mrs. Wallace, Battey, Davis, Deacon, Minney and Smith.

Dr. McVey read the first paper of the evening on neurasthenia.

In discussion Dr. Lindsay said that neurasthenia is a subject which has been hooted at. The variation in the symptoms of neurasthenic patients is caused by an essential weakness in the brain cells. Irregular circulation of the blood brings about a condition of weakened cells. Anything that disturbs the vaso-motor area is the prime causative factor of irregular circulation of the blood—fright, mental worry. The coats of the blood-vessels must be kept up to a uniform strength. Insufficient blood supply to a certain part will bring about a change, terminating in weakened impaired vessel walls. Nutrition all comes from one common source. A diminished blood supply to the brain cells, and impairment of memory is the result; the brain cells are not nourished properly. As to treatment, avoid stimulants of all kinds. Worry of business and grief must be avoided. Equalize the circulation. Improve the nutrition. A milk diet should not be given.

Dr. Pelton.—Great diversity of opinion in regard to neurasthenia. Dr. Ranney says it is not a disease *per se*, but a result of diseased processes elsewhere in the body. Its symptoms are closely allied to the symptoms of other diseases—anæmia, indigestion, etc. It seems to me that neurasthenia is a condition of exhaustion of nerve cells; faulty nutrition ending in debilitated nerve cells. Nutrition depends upon the trophic nerves. The treatment that does most for our patients is improving the general nutrition.

Dr. Minney mentioned that it was useless as well as an impossibility to fit glasses to neurasthenic patients. It is quite a common thing for such patients to complain of eye trouble. The light hurts them; eyes ache, and a general uncomfortable feeling. If they are students, compel them to stop all work; plenty of out-door exercise. Encourage your patients and they will get entirely well without the use of glasses.

Dr. Powell.—Dr. S. Weir Mitchell in his treatment of neurasthenic patients advises absolute rest; puts his patients in bed and will not permit them to even turn over in

bed without aid from an assistant. Phosphorus I think is indicated in these cases.

Dr. Seabrook.—Counter irritants have given good results for me in this class of cases.

Dr. Schenck.—Our treatment must be adapted to the patient. We cannot lay out a definite iron-clad plan of treatment. Rest is a very essential element, and to avoid all exhausting employments.

Dr. Magee asked if a beginning neuritis was not a similar condition to that of neurasthenia. Thought the pathological conditions in each were closely allied.

Dr. R. E. McVey in closing said that neurasthenia was due to a loss of lecithin from nerve tissue. Seminal expenditure means a loss of lecithin. Marital excesses are forerunners of neurasthenia. Have had patients come desiring an ovariectomy, but treatment of their neurasthenia resulted in a cure of ovarian symptoms. A neurasthenia can always be distinguished by a peculiar weakness of the muscles.

The next paper read was on quackery, by Dr. Schenck.

In discussion Dr. Peers said of all professions the minister first and the doctor next should be honest. I believe the doctor lives up to his principles better than any other class. The standard of the profession is high. Quackery flourishes because people know but little about medicine. A physician's patients advertise him. They tell their friends how good he is in a certain line of cases. No matter how bad nor how foul a man he may be, he will get practice; there will always be some one to employ him. If he is of a sociable turn of mind he will get more business. There are, of course, medical men who will sell their honor for money. It is our business to educate. Endeavor to elevate still higher the standard of the profession.

A discussion here followed on a remark of Dr. Schenck that Dr. Keeley was sailing under a *nom de plume*, falsely assuming the title of "Late Surgeon of the U. S. A."

Dr. Mitchell.—Why is quackery on the increase? I believe it is because we abuse the quacks. This we should not do. The more

epithets we heap upon them, the more free advertising do they receive at our hands, and this is what they desire. Measure swords with them. This is the way to kill the quack. Elevate your own reputation and stop abusing the quack before the people.

Dr. Sheldon was given more time to prepare his paper on intestinal anastomosis.

The meeting adjourned to meet in Junction City the first Thursday in October with the Golden Belt Medical Society.

Respectfully,

R. S. MAGEE, M.D., *Secretary*.

State Line and Republican Valley Medical Societies.

The State Line and Republican Valley societies met in Superior, Neb., July 14.

Present: L. J. Brady, Oxford, Neb.; Dr. Davis, McCook, Neb.; W. R. Priest, Concordia, Kas.; Camp, Belleville, Kas.; Jones, Republic City, Kas.; Raynor, Hardy, Kas.; Moffat, Superior, Neb.; McKeeby, Red Cloud, Neb.; Marcotte, Concordia, Kas.; Mitchell, Superior, Neb.; Foster, Superior, Neb.; McVey, Sheldon, Magee, McClintock and Ward, of Topeka.

Drs. Brady, McVey and Jones were elected to membership in the State Line society.

The paper of Dr. Wall not being present, Dr. Magee was called upon for remarks upon the subject.

Dr. Magee said: In speaking of granular conjunctivitis, we have reference to the palpebral portion of the conjunctiva, never occurring upon the ocular portion. The principal points of interest to us are the recognition and course of the trouble. Any irritant, dust, foreign bodies, bad ventilation, smoke, eye strain and contagion. It is not always easy to isolate a cause.

Symptoms: Photophobia, smarting on use, blurred vision, dryness and adherence of lids; purulent secretion glues lids together, or may be twitching of lids in corner; any of these symptoms, or only a few. Photophobia may be symptom of iritis, but here we will not have pus nor sandy sensation.

On opening lids will find a general red-

ness on ocular and palpebral conjunctiva. In iritis do not have this, but a dark redness in ciliary region, gradually fading out. Pain or pressure above eyeball in iritis, not in conjunctivitis. Another symptom is difficult or dim vision. Everting lids, you find granulation tissue, especially if a lens is used.

In examining eyes should always first make pressure with tips of fingers over ciliary region, and if tenderness is present, it will readily be noticed.

Roughness of upper lid shows effects on eyeball and will be noticed sooner than roughness of lower lid.

Pannus always begins above, and we should always examine the upper eyelid. Look carefully at the lines and outer corners and along the margin with the eye, also with a lens. Granulations at margin of lid produce more irritation than in central portion, on account of greater sweep in winking. Next look along the breaking point of cartilage. Glasses do not relieve this condition. Should first use treatment, then if necessary adjust glasses.

For treatment, there is nothing gives me better satisfaction than copper sulphate, touching only the points of irritation, touching very lightly, introducing the stick underneath the fold, treating the lids only, and using the outer surface of lower lid to protect the ocular conjunctiva by tucking up under the everted lid. It should then be washed off with warm water, and if there follows much roughness, apply a little cocainized vaseline. If the granulated points are large and filled with matter, it should be squeezed out, and this is best done with the expression forceps. (Exhibited the Prince forcep and the Knapp improvement.) The expression may be repeated in two or three days, followed by cocainized vaseline. Copper may be used in intervals. They should not be allowed to read or to be in presence of tobacco smoke.

Dr. Marcotte asked for the doctor's experience with powdered boracic acid. Have used it to some extent with good results in early cases.

Dr. Raynor.—I have seen a solution of

zinci chloridi used in these cases, but have never dared to use it myself.

Dr. Magee.—I do use boracic acid, with good success in early cases and mild forms. Have never used the chloride of zinc. I think our greatest trouble is in treating these cases too harshly. Use a solution of boracic acid, one drachm of crystals to pint.

A vote of thanks was extended to Dr. Magee for the talk.

The next was a paper, "Management of Abortion," by Dr. McKeeby, Red Cloud.

Management of abortion may be discussed under two heads: Prevention or controlling of causes, and management of unavoidable cases. There is one especial cause which may be prevented by timely interference of the attendants. That is excessive coition. Reported a case where the act had been repeated at one instance thirteen times in one night. The woman suffered from repeated abortions.

As a preventive measure, physical and mental rest is the one upon which we most rely.

A large per cent. of incomplete abortions are caused by the meddlesome finger of the attendant.

Reported several cases of abortion, with portions of ovum retained. Irrigated, curetted and wiped out with tinct. iodine and phenol, followed by frequent irrigations.

Septic infection and hemorrhage are the two greatest dangers in abortion. For hemorrhage, tampon; and rest, best of all. Sepsis cannot be so readily controlled. The cause must be removed. Dilate and remove with curette forceps every vestige of retained material. Irrigate with sterilized water.

At first suspicion of sepsis, operate at once.

The discussion was opened by Dr. Ward.—I consider it a good paper. I am shy of the use of forceps; prefer the dull curette. Wire or spoon curette is much better. When the uterus has been thoroughly cleansed, we would best rely on iodoform gauze or glass tube drainage. Promptness and thoroughness is essential. A few days may bring on septic peritonitis or cellulitis.

Pulse and temperature are best indicators of sepsis. Smell not reliable. Keep vagina thoroughly cleansed. Keep bowels clean with saline cathartics.

Dr. Raynor.—I do not think it good practice to use ergot unless the secundines have been expelled and there is much hemorrhage. Tampon answers purpose best. Dr. Ward said the retention is usually due to a malposition of uterus, and by replacing this the membranes are readily and easily expelled.

Dr. McKeeby, in answer to a question, said he had never had toxic symptoms from use of carbolic acid and iodine. I consider ergot worse than useless in these cases.

The next paper was "What shall we do with our cancers," by Dr. Davis, of McCook.

There has been a gradual increase of mortality rate from cancer. This increase has been most marked in the middle-aged classes.

Slight injuries with constant irritation plays an important part in causes of cancer. Heredity is also an important factor. Except the treatment by improving general nutrition and toning up the system, our only resort is caustics or the knife; the knife preferable and less painful where position and size will admit of radical removal.

The injection of pyoktanin has not seemed to have met with any favorable results.

Thorough removal, early and radical operation seems to have given the best results and highest per cent. of recoveries.

Dr. Sheldon opened discussion.—In the relief of cancer much depends upon the nature of the growth. With carcinoma you have the lymphatics involved. In sarcoma you have an infection of the blood current and extension of disease by vascular system. In carcinoma the extension is by the lymphatics. In the latter, then, you must not only remove the neoplasm, but all of the affected lymphatic glands. Cancerous disease of bones may be either carcinoma or sarcoma. In operations upon these cases it is advisable, when plausible, to remove the whole of the bone, as it is liable to be all affected.

Personally, I have had no experience with the injection of pyoktanin, though others

report flattering results. I am inclined to think the benefits in this treatment are mostly in tuberculous neoplasms. It is claimed applications of bin-oxalate of potassium have a selective affinity for the diseased tissue and will remove it, as is also claimed for arsenic. Thorough removal is most important in operations with the knife.

Dr. McClintock.—I have not had much experience with cancer, but have perhaps been particularly fortunate in the cases I have had. I have had better results than those reported. I only remember to have lost one case by death from the cancer. I regard cancer as a local disease, and think this can be established pathologically. I think there may be a hereditary tendency, but I believe the neoplasm is due to the continued irritation. If the disease is local in origin and spreads as was described by Dr. Sheldon, I believe thorough removal, going wide of the neoplasm and removing the neighboring glands, whether showing disease or not. In cancer of breast, it is best to open axilla and remove the glands there.

Lowe, Randall, Kas.—I have never found anything so efficient as the knife, removing all of the neighboring glands. Reported two cases of cancer of breast where whole breast was removed, as well as all glands which showed any disease, with good results. Do not regard any of the constitutional remedies reliable.

Dr. Davis in closing said he considered it more of a predisposition than a heredity. In regard to removing glands, if we find the glands enlarged we consider them infected, and if not enlarged not infected. An examination has revealed that some of the enlarged glands are not infected, while some not enlarged were shown to be infected.

Dr. M. B. Ward reported a case of abdominal extirpation of cancerous uterus and recovery.

The doctor briefly referred to the report of a case for removal of uterus per abdomen together with a large ovarian abscess, which had been published in the *Denver Medical Times*, and then stated that his second operation of this kind was performed on a lady forty-one years of age, who gave

a history of extreme suffering for the past two months, and of partial invalidism for six months past. Upon examination the cervix was found nearly destroyed by cancerous infiltration, and an operation was recommended as the only possible hope for the prolongation of life beyond a few months. The patient was prepared in the usual way for abdominal operations, and also for a vaginal hysterectomy. This was done because of the experience had in a former case, when a vaginal hysterectomy was attempted, but owing to the destruction of the parts and the size of the tumor this method had to be abandoned and the abdominal method done in its stead.

After the patient had been placed in the lithotomy position an attempt was made to bring down the uterus, but after several minutes of faithful endeavor it was found that the destruction of the cervix was so extensive that there was not enough of tissue remaining to enable the operator to clearly define the line for the incision, and the uterus could not be brought down because the parts would tear out on the least traction. The vagina was thoroughly irrigated and packed with iodoform gauze and the patient placed on the table and prepared for the abdominal operation.

The operation was done without any serious difficulty. The appendages were removed entire with the uterus. The ligatures were left long and brought down through the vagina. The abdomen was thoroughly irrigated, and the pelvis was packed with iodoform gauze with the ends of the gauze protruding through the abdominal wound. The incision was then closed as far as the gauze would permit. The vagina was packed with iodoform gauze and the patient otherwise dressed as in an ordinary abdominal section. The gauze in the abdomen was left for twenty-four hours and when it was removed the wound was kept open by a small piece of gauze which gave perfect drain. The vaginal drain was allowed to remain seventy-two hours, at which time it was entirely removed, and after irrigation the vagina was packed with the same material as before.

The patient made an uneventful recovery after she had revived from the first shock, which was somewhat severe. The patient was able to walk about after four weeks.

The time is too short to make any report regarding the benefits of this operation in this case, aside from the immediate relief from suffering and the symptomatic cure of the patient.

A portion of the uterus was given to Dr. J. L. Gilbert, assistant to the chair of physiology and pathology, Kansas Medical College, who made a microscopical examination and gave the following report:

"First: The cervix shows unmistakable signs of a typical carcinoma of the variety called epithelioma.

"Second: The cell nests are more numerous and show more plainly near the external os and gradually disappear as the internal os is approached.

"Third: Sections from the region of the inner os show only a slight amount of infiltration.

"Fourth: Sections from midway between inner os and fundus show a normal condition.

"The results of this examination show that we have then a malignant growth with which to deal, and while the cervix shows a large amount of new tissue and the cells in rapid growth, yet the sections higher up show a better condition than those from the body midway from the inner os, and the fundus show nothing. The conclusion would then be that this uterus had been removed at an opportune time, and while we cannot say that there may not have been metastasis into the pelvic lymphatics, yet I am led to believe that the diseased process has not yet reached that stage when we could look for that condition."

There is no reason for recommending the abdominal operation unless it is impossible to do per vagina.

The Topeke Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery met in Lincoln Post hall July 5, 1892, at 8:30 P. M., Dr. Rodgers in the chair.

Present: Drs. Minney, Magee, Ward, McVey, Schenck, Sheldon, Barnes, Gilbert, Rodgers, Stewart, Mitchell, Colcord, Lindsay. Visitors: Mrs. Wallace, Gundrie, Frankenburger.

Dr. Magee presented a paper on anthrax:

Mr. I K. McK——, age 48. Had charge of a large ranch containing about fifty head of horses, some of which were diseased. It was his custom to daily dress one which was covered from head to foot with scabs. These scabs, when removed, left great pits filled with pus. A small pimple was noticed on his own upper eyelid on Monday, April 18. His wife remarked, "You are getting a sty." The next morning the swelling was greater, blister broke and a scab formed very much resembling the scabs on the horse. The eye swelled shut. Complained of itching, burning sensation. Friday morning he came to our office. The day before, minute vesicles appeared on the same side on the cheek and along the line of the sternocleidomastoid muscle. Could not sleep because of pain. Treatment was tincture of iron, ten drops every two hours, with two grains of quinine, with antiseptic solutions over the lid and in the eye. His temperature was 103° F.; pulse 60.

Nine days afterwards pit was closed almost entirely. Oedema of the lids and surrounding tissues gradually passed away. Tincture of iron was continued in minute doses twice a day for three to four weeks.

While the scab was on a small quantity of the pus and bloody serum was taken from underneath the scab and injected into the ear of a rabbit. After two weeks the rabbit died.

The doctor then gave a clinical history of a typical case of anthrax, comparing it with the case reported. Described in full the bacillus, methods of culture and endurance of the germs. With charts and drawings he showed the appearance of the bacillus, its manner of entrance into the tissues; modes of infection, propagation and distribution through the system. A differential diagnosis between anthrax and carbuncle was given. The attenuation of the virus for the inoculation of domestic animals was

explained. Specific effect of the bacillus upon the tissues. The most plausible theory of causation of death is that the bacillus separates a toxic substance from other combinations in the organism. This substance is called anthracin, alkaline in reaction. This substance, injected subcutaneously, produces the same symptoms as infection from the bacillus. The doctor believed that the local injections of carbolic acid would do but little good when constitutional symptoms were manifest.

Dr. Colcord asked what the result of treatment in this case was.

Dr. Stewart asked if these animals were examined, and what conclusions were reached in regard to it.

Dr. Magee replied that Dr. Going examined the animals at the ranch and pronounced it glanders in the horses.

Dr. Stewart further said he thought the case evidently one of anthrax. The history of infection from animals of grease heel or vaccination occurs in this way. The pustule was characteristic of this kind of infection. The large oedema and large area of suppuration was probably due to the poultice. It seems had this been anthrax a more general infection and disturbance would have resulted.

Dr. Minney.—The case seemed to correspond to anthrax. There was more of an infiltration than oedema. The gangrenous appearance struck me very forcibly. The black scab came off by a process of suppuration. There is no question as to it being an infection. There was great constitutional disturbance. When iron and quinine was given frequently the man improved, and when it was omitted he got worse. I think the doctor should have examined the rabbit after it died. The doctor recommends a good treatment, but he did not follow it. Probably the treatment used was better. I am inclined according to the written history to think it was anthrax.

Dr. Rodgers.—The question that concerns us is: Was this case anthrax? The symptoms he describes are those of anthrax. Any poisoned sore may take on various forms. Whether this is glanders or grease

heel or anthrax, the want of positive evidence in finding the bacilli leaves us in doubt. Saw a case similar to this, with a similar history, though it was supposed he was poisoned in a well. Blisters raised all over him and he died of blood poison. In regard to the injection of carbolic acid for these troubles, seems peculiar, since reading an article published in 1875 which states injections of water will cure tumors and cancers.

Dr. Gilbert.—A microscopical examination should have been made of the secretions. I don't think injections of carbolic acid or any other poisonous antiseptic should be used, from danger of it being absorbed into the circulation. It has not been satisfactory.

Dr. Magee in closing said he was unable to get any of the secretions from the animals infected. Did not examine the rabbit, as he had to remove an eye that day and was afraid of infection. In such chronic cases there are other bacilli, and the examination is not so satisfactory as in non-acute cases.

Dr. Stewart asked if there was inflammation or infiltration of the organs or parts.

In reply Dr. Magee said the mouth and lips had lost its pinkish color and the blood seemed to have lost its hæmoglobin. I did not use the carbolic acid, but I do not believe in such cases there is any danger of absorption of the acid. There is occlusion of the vessels, and in consequence the disease itself is limited. Tinct. chloride of iron is, I think, the best plan of treatment.

Society then adjourned, to meet the first Tuesday in August.

W. E. McVEY, M.D., *Secretary*.

N. E. K. M. & P. Association.

The society met in Whiting, June 21, in the office of Dr. J. E. Love.

Members present: Drs. Moore, of Effingham, Haigh, of Grenada, Scott and Rafter, of Holton, Fitzgerald, Graham and Brown, of Wetmore, Love, of Whiting, Riggs, of Muscotah, McVey, Sheldon and Magee, of Topeka, and Mr. G. S. Graham, of Wetmore.

Dr. K. P. Northup, of Whiting, who was present, was admitted to membership; a graduate of Ensworth Medical College, St. Joseph, Mo., 1892.

Board of censors.—Drs. Scott, Fitzgerald and Sheldon.

Amendments as to change of constitution with reference to change in time of meeting and election of officers were adopted by the society.

Dr. Riggs presented a case of hæmaturia. A sample of the urine was passed and shown to the society; black like burnt sugar. Has had scarcely any pain; some across the region of the kidney. First attack was in '89, lasting eight or nine months. Reappeared last May. Age 30. Mother died of cancer at thirty-eight.

Drs. Scott, Sheldon and McVey appointed as a committee to examine the case and report to the society.

Committee reported probable malignant trouble in the kidney.

Dr. McVey was instructed to make a microscopical examination of the urine and report at our next meeting.

Dr. Riggs then read a paper on "What Does the Tongue Tell Us in Disease?"

Dr. Scott, in discussion, said: "I have never depended upon conditions of the tongue to localize disease. It is rather an indicator of general conditions. I have never regarded it as diagnostic of disease."

Dr. Sheldon.—I have depended upon the tongue a good deal. Think I can tell a good deal from it. We use it more as a general diagnostician than a local. There are conditions of the digestive tract indicated by the tongue which you can as a rule depend upon. Your treatment will affect the tongue by its effect upon the alimentary canal. The condition in fevers of dryness or redness is usually constant unless there is treatment directed to it. In anæmic conditions we have a trembling and indentation of the teeth, which shows debility and loss of power. In eruptive fevers we find the strawberry—the papillated tongue. The broad, flabby, thickly coated tongue indicates irritation of the stomach and nausea.

Dr. Haigh.—I agree with Dr. Sheldon,

that the tongue is an index of the general condition and not the disease of a single organ. It does not indicate a special disease nor special drugs for the treatment.

Dr. Graham.—I have always noticed a dry, hard appearance of the tongue, similar to that found in the latter stages of typhoid, preceding the eruption of erysipelas.

Dr. Riggs in closing said that he was able to tell by the tongue whether an acid line of treatment or an alkaline was indicated. It was a criterion for him to follow in meeting the general condition.

Dr. Fitzpatrick now read a paper on "Summer Diseases of Children."

Dr. Joseph Haigh, in discussion, said: "The disease is due to a toxic poison, the result of a ptomaine. The fatality is due to the amount of toxic poison circulating in the blood. In the treatment first free the alimentary canal of all the substances which go to feed the germs and you place the system then in a condition to resist the poison. I believe the idea is an erroneous one, that you cannot feed the child starch. I think the pancreas is able to take care of a limited amount of starch."

Dr. Scott.—My plan of treatment is to free the alimentary tract thoroughly, then follow with astringents. I think the trouble is due to germs and I use antiseptics. I use astringents only in the inflammatory form.

Dr. McVey.—In this class of cases I believe the discharges from the bowels will better indicate a plan of treatment than the tongue. These summer diarrhoeas should be treated antiseptically. Milk by sterilization can be rendered safe. I would not exclude starchy foods entirely.

Dr. Sheldon.—Diet is the most essential factor in the treatment of summer diarrhoeas; correct it and you will avoid the trouble. Listerine I find gives excellent results in these troubles, and often small doses of mercurials. Any agent that will destroy fermentation will be of benefit.

Dr. Fitzgerald in closing thanked the members for the full discussion of his paper.

Dr. Love was given more time to prepare his paper on "Hydrophobia."

A case of abdominal trouble was brought

before the society. Dr. Sheldon was selected to examine the case. His diagnosis was that of cystic tube and ovary and that the case was an operative one—pelvic adhesions great. The doctor did not think electricity would do any good here—if fibrous it might result in good, but not in the cystic variety.

Dr. Joseph Haigh now favored the society with a verbal report of the cause and treatment of chronic rheumatism. It was fully discussed by all the members present.

Dr. Magee presented a specimen of gliomatous tumor of the retina, with report of the case. The case was a rare one, because of occurring in both eyes at the same time. The report was discussed.

Dr. Sheldon then closed the session with a short talk on antiseptic midwifery, in which he said that he believed unclean midwifery to be the cause of nearly all puerperal fever. "We do not prepare ourselves properly before making a vaginal examination. There is not a place where you are likely to be called but what you can make your hands clean. Don't wear a ring on the hand used in making vaginal examinations. Instruments should be boiled and dipped in antiseptic solutions. I believe vaginal injections are harmful; the tube that they use is probably laid away filled with blood and poison, and the next time it is used these poisonous contents are washed up into the vagina and uterus, doing harm. If labor be natural, clean antiseptic cotton applied to the vulva will be sufficient—no need of vaginal washes except in extreme cases."

This subject was warmly discussed and commended by Drs. Haigh, Moore, Fitzgerald, Brown and Graham.

The committee on program—Drs. McVey, Riggs and Graham—made the following report for next meeting:

Hemorrhage of the Kidney—Dr. J. T. Scott, Holton.

Dysentery—Dr. S. E. Sheldon, Topeka.

A Paper—Dr. W. E. McVey, Topeka.

Antipyretics—Dr. Graham, Wetmore.

Anti-Vaccination—Dr. Troughton, Seneca.

Uterine Displacements—Dr. P. R. Moore, Effingham.

Management of Injuries of the Elbow Joint—Dr. K. P. Northup, Whiting.

Clinics and Reports of Cases.

Society adjourned to meet in Wetmore August 2, 1892.

Respectfully,
R. S. MAGEE, M.D., *Secretary*.

THE third number of the *Annals of Ophthalmology and Otology*, edited by James Park, M.D., of Kansas City, Mo., is before us. When the first number was received, we thought, from the amount of reading matter it contained and the character of it, that it could not be maintained, but like all new journals, had spent its energy on the first number. We cheerfully acknowledge our mistake, and are happily disappointed to find the third number equally as good as the first. It is a success.

IN ORDER to administer small powders to children, an ingenious physician proposes to wet the tip of the nurse's finger, get the powder on the moist spot, and then wipe it on the baby's tongue while it attempts to suck the finger.

Tablet triturates may be readily given in this way: Place the tablet on the tip of the index finger, apply a few drops of water until it forms a soft mass, then place it on the baby's tongue and keep his fists out of his mouth for a few minutes. He is obliged to slowly swallow it, and will often retain a dose that would be vomited if administered in water.

FITTING horses with spectacles has become a recognized business in London.

Is it true that tobacco chewers have the best teeth? Ask your dentist.

Kansas Medical Journal.

PUBLISHED MONTHLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:
Per annum, in advance..... \$2 00
Single copies..... 25 cents
Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in Registered Letter. Address

DR. W. E. McVEY, PUBLISHER,
723 Kansas Avenue.

Editor-in-Chief:

J. E. MINNEY, A.M., M.D., Topeka, Kas.

Assistants:

W. L. SCHENCK, A.M., M.D., Topeka, Kas.

S. G. STEWART, M.D., Topeka, Kas.

Associate Editors:

W. D. BIDWELL, A.M., M.D., Washington, D. C.

W. A. PHILLIPS, M.D., Salina, Kas.

W. F. SAWHILL, M.D., Concordia, Kas.

D. F. ROGERS, M.D., Topeka, Kas.

TOPEKA, KANSAS, AUGUST, 1892.

Summer Diarrhoea of Infancy.

The season for the "slaughter of the innocents" is at hand. While we do not propose to discuss etiology and pathology in treatment, we must always bear in mind certain potent causes. Continued and excessive heat, especially moist heat, exhausts vital action, and whatever lowers vital action, interferes with all vital processes and emphasizes the importance of prophylaxis.

Heat hastens and intensifies fermentation processes, and during hot weather the decomposition of food products has often commenced before they are taken into the stomach, and instead of digestion there is continued decomposition, with all its consequents, and where septic changes in food has not commenced, from the slightest improprieties in diet they are soon established.

Heat hastens decomposition in all forms of filth, and so tends to the development of all forms of septic disease.

Hot, damp days depress and enervate,

while alternating damp and chilly nights tend to congestion of internal organs and periodicity in disease.

In all successful treatment, causation must be constantly considered and combatted. Both the quantity and quality of food must be wisely guarded. While heat is an important factor in summer diarrhœa, the exciting cause usually lies in improper feeding and over-feeding. How many mothers set at defiance the wisdom of both the physician and of God, who has sent with the babe, for its nourishment, her emulsified mammary cells, and when advised to confine the child to the breast, persist in giving it a little of everything. The child with proper food might resist every other etiological factor but cucumbers and green apples, cake and cherry pie, hash and corn, bread, etc., resisting digestion, set up fermentative processes that soon snap the brittle thread of life. Imprudence in diet destroys more infant lives than all other causes.

Where the mother has sufficient milk, let her life be such that it shall be of the best quality, and let her thank God that he has provided for her child a *sina qua non*.

When she has insufficient milk, let her make the nearest possible approach to it, which will ordinarily be found in the milk of a healthy cow. In hot weather this should be sterilized as soon as drawn. This is easily done by taking half a dozen bottles, each holding a sufficient amount of milk for a single feeding, setting them, with the mouths slightly open, in a common steamer, and keeping them steaming for thirty minutes; then corking tightly and using one every two hours for a child under six months, and at longer but regular intervals for older children. The milk must be fed as nature feeds it, in a fine stream, and to prevent its forming large and hard coagula, it is well to add to each bottle when fed one or two tablespoonsful of rice paste, made by boiling the rice, a teaspoonful to a pint of water, then simmering long, straining, corking and using as required.

There should be a daily bath of water at an agreeable temperature, plenty of sun-

light and pure air, with an occasional drink of pure water, and the removal from about the home of all contaminating influences, physical or otherwise, as sadness and sourness tend to disease in mother and milk.

When called to a recent case of diarrhœa, ascertain what the child has eaten. You will probably be told "nothing improper," but as you know that a large proportion of cases originate in improper diet, if there is a suspicion that the *prima via* has not been well cleansed, let treatment begin with mild antiseptic catharsis.

The dysenteric diarrhœa of army life was usually the direct result of improper diet, and sulphate of magnesia gave most satisfactory results, and it will be found equally successful in cleansing and purifying the alimentary canal in infancy. The treatment of our mothers, with a dose of castor oil, will often be as good as the best, especially if given in an emulsion, combined with an antiseptic and some agent that will allay irritation and pain, preceded by a small dose of sub-muriate hydrarg.

Dr. Luff attributes acute infant diarrhœa to the formation of tyrotoxinon, and recommends biniodide of mercury in one-twentieth grain doses, combined with grain doses of chloral hydrate, which he believes renders the poison insoluble.

In the enfeebled digestion of infancy, milk, and more especially mixed diet is liable to undergo fermentation in the alimentary canal. In such cases Dr. Sympton advises glycerine of borax, which assists digestion by delaying fermentation, and at the same time relieves the diarrhœa, soothes the mucous membrane and prevents griping and offensive odors. He recommends

R̄

Glycerine of Borax.....m xx
Tr. of orange.....m iij
Distilled water.....3 i

M. Sig.: D. every one, two or three hours, as required.

Among the recently commended agents may be found hydro-naphthol, in half-grain doses, every two or three hours to children of six months.

Naphthaline, in grain doses, with a little

mucilage of acacia every two hours. Fats must be avoided while it is being given, and other agents looking to the prevention or arrest of fermentative processes. With these and allied agents may be given such treatment as will allay irritation and relieve pain, *i. e.*, alteratives, anodynes, anæsthetics, stimulants, etc.

Giving opiates and astringents is like stopping the flow of a stream with a dam—a temporary relief ever liable to be followed by a flood. When astringents are demanded, the mildest are the best, as geranium maculatum and hematoxylin.

Where the discharges evidence irritation of the lower bowels, soothing and antiseptic enemata are always of advantage. Washing out the stomach in the same way may be good in theory, but will be found bad in practice. Rest and the horizontal position in cool and well-ventilated apartments, with a snugly-fitting flannel binder about the abdomen, are demanded in all cases.

The Modern Girl.

This subject may be thought by some to be void of interest from a medical point of view. To those we say: There is no condition, class or phase of society that is without interest to the physician. Our attention was called to the "modern girl" by an article recently published in *The Boston Medical and Surgical Journal*. This article first appeared in *Harpers' Bazaar*, and was copied and editorially commented on by the *Boston Journal* as follows:

"A writer in *Harpers Bazaar* makes a pretty close diagnosis for a layman as to what ails the 'modern girl.' It is well deserving of record as an *indicatio causalis* in disease which is so often the despair of the doctor. Then follows a description from his point of view. She is described as a girl that 'hardly knows what she wants—whether it is a higher education, an æsthetic wardrobe, love or fame. She plays tennis and progressive euchre, flirts, does Kensington work, reads Herbert Spencer, sometimes writes, dabbles in music, and talks theos-

ophy and does not love the quiet of home, lives on excitement, goes to Europe, to the springs, the mountains, theaters and receptions, or to the modiste. She can always fall back on clothes as a diversion, and when everything else fails she has nervous prostration and a trained nurse. In fact, the chief trouble with the modern girl, be she rich or poor, is that she does too much, keeps the nerves on a strain, and by and by does nothing but consume drugs, talk of her ills and consult the christian scientist, or she has no real interest in life, fritters away her time in shallow pursuits, becomes pessimistic, dyspeptic, disappointed with herself and all the world, cries and questions if life is worth living, etc."

Something like the foregoing is the usual description of the "modern girl," and it seems a little curious that the above is the burden of the song of so many writers, both lay and otherwise. Now is it not possible that these writers have been so unfortunate in their associations that they have not met the true modern girl; the girl they have been describing is only the exception? This possibility brings to mind a story that seems to the point:

An old minister was in the habit of twitting the ladies of his charge by repeating to them passages of scripture that seemed to him suitable for his purpose. One day, meeting an aged spinster, he said:

"Now didn't Solomon say that there were no virtuous women?"

"Yes," said she "but ye must remember that Solomon didna often hunt that kind."

Physicians have better opportunities of knowing the nature and habits of the person under discussion than the average lay writer, and we are surprised to see the *Boston Journal* accepting the above as a portrait of the "modern girl." It is a very accurate picture of one of the exceptions that are really only the foam and drift cast up by the waves of our social system, while the real modern girl is quietly working out her destiny, taking advantage of all the blessings of our civilization, by education fitting herself for any position or duty to which she may be called. She is more in-

telligent and enjoys better health than the other girls.

Let any one visit our schools and see the happy, healthy faces of the girls; note the enthusiasm with which they engage in the gymnastic part of their training, and if they fail to see a great improvement in the physique of the girls over the classes of thirty or forty years ago it will be because they have forgotten or are prejudiced. The modern girl sees clearly her advantages over her sisters who were eastern born, and profits by them. This is demonstrated by the increasing number in our institutions of learning. She is studying law, theology and medicine, and especially in theology and medicine shows the qualities that are winning recognition. Time would fail to tell how well she is filling the places of employment where skill and judgment are required and has proven her fitness for every place and position, and in all of these trials has demonstrated that she is quietly performing every duty in a pure and womanly way.

There is much in human nature that is bad, and we might write pages on the sins and faults of the sex, but we are not taking an exception and describing her as typical of a class. We are talking of the girls that belong in the homes of America. The hope of the permanence of our republic rests in them; and we state without fear of successful contradiction, that the modern girl is not described in the portrait drawn by "a layman." The high character of our girls argues well for our people from a purely medical standpoint. The girls that have received the advantages of this training are educated to meet the requirements of life. They are dressing more in accordance with physiological laws that they may get the best results at their work, whatever it may be, and these lessons will be and are being taught to the children.

We might go on *ad infinitum* concerning her, but a word on the moral side of the question: We believe her morals are on a higher plane than in the past. At all events we are sure that if the modern young man will perform his part in the drama of

life with the same courage and purity of life as does the modern girl our country will be the gainers medically, morally and physically, and none will need to inquire, as did the *Boston Medical and Surgical Journal*, "What ails the modern girl?" but will join the general chorus: "She's all right!"

Drunkenness: Disease or Crime, Which?

Under the above caption our neighbor on the north—*Medical Herald*, St. Joseph, Mo.—treats its readers with an editorial that savors more of its environments than of science.

With great want of charity for those who consider drunkenness a disease, he proceeds to prove it a crime and sin by a line of argument unknown to science—*scio*—I know, I have demonstrated:

It is not a disease, he says, because human and, so called, divine laws do not consider it. It is a crime, and not a disease, because the drunkard is taken to the jail and the judge sends him to the rock pile; because the daily press announces so many "drunks" yielding a goodly sum to the city coffers; because, if disease, legislators are fools (?) to enact laws that punish it as a crime; because Moses would have had drunkards "stoned with stones till they die," and because Paul declared neither adulterers, nor drunkards, nor liars shall inherit the kingdom of God; and that it is not hereditary, because while "it is true certain make-ups of the body, prone to certain diseases, are hereditary, we may summarily dispose of the question by referring to the fact that the divine law holds it to be a sin and declares that sin is not transmissible from parent to child. Drunkenness is therefore a sin and not a disease, and the court never asks the transgressor whether a hereditary taint predisposed to the crime."

We admit, from a scientific standpoint, all such argument is unanswerable. When a scientist bases his conclusions on the enactments of legislators and the accepted dogmas of religion, he is beyond reach.

But what if some day such scientist should read that the councils of the church decreed and the secular judges approved a decree that cost Galileo his eyes because he asserted the world moves? Would he believe it stands still? What if he should learn that in free America legislators enacted that witches should be burned? Would he believe in witches? Or if he should find it within the commands given to Moses on Sinai? "I, the Lord, am a jealous God, visiting the iniquities of the fathers upon the children," would he still aver that "the divine law declares sin not transmissible?"

The subject is too broad and deep for an editorial on a hot July day, but comprehending that health is the unrestrained physiological activity that tends to preserve the form and function of every organ and tissue of the body, and disease any pathological expression that interferes with the action of health, we can easily see how sin may cause drunkenness, and how drunkenness may become disease and cause manifold disease, as well as how both drugs and mental and moral medicine may be instrumental in restoring sanity and health.

Requirements for Matriculation and Graduation in the Kansas Medical College.

Being a member of the Association of American Medical Colleges, which now embraces nearly all colleges of any repute in America, it will fully comply with the regulations of the Association.

Before receiving the degree of M.D. the student shall have attended three full courses of medical lectures of not less than six months each, no two courses being in the same year.

Before matriculation there shall be an entrance examination equal to the following:

1. Writing legibly and correctly a composition of not less than two hundred words.
2. The translation of easy Latin prose.
3. Passing an examination in Higher arithmetic or the elements of algebra.

4. Passing an examination in elementary physics.

It is provided, however, that the graduates of recognized colleges of literature, science or the arts, graduates of high schools of the first grade or of normal schools directly supported by the state shall be exempt from this examination.

Students may be allowed one year to comply with the condition in Latin.

M. B. WARD, M.D.,
Secretary Kansas Medical College.

THE Middletown insane asylum, N. Y., has passed out of the hands of the homeopaths. The *Southern Journal of Homeopathy* says: "Homeopathy was doing pretty well in New York, and our friends should have been content. But in the mad desire to control, our friends spent their time in haggling the legislature over an impractical and paternalistic law, and while lying awake nights over that measure the enemy stole our asylum. Homeopathy can well afford to hold that which she has and guard against the assaults of the enemy, rather than engage in a warfare for the control of the affairs of land." Homeopathic attenuations are not always dynamizations.

ONE hundred dollars reward is offered by the editor of *The Pacific Medical Journal* for the best essay, of not over 15,000 words, that will show, historically and actually, the ridiculous pretensions of modern homeopathic practice. Papers must be type written, and sent in before January 1, 1893, with name of author in a sealed envelope.

A TRUE, itinerant quack advertisement: "Come while I am here. There will be regrets when I am gone." Plenty of them, among those whose money has been carried off but who are left "no better, but rather the worse."

DR. J. C. McCLINTOCK and wife have returned from their European trip. Sickness in the family shortened their trip.

THE NATIONAL MEDICAL REVIEW says; "One of the New York dailies asks this interesting question: 'What is disease?' and then proceeds to discuss the problem with all the learning of a savant, and finally concludes disease is not an entity, not a thing. When a student, we were often forcibly told that disease was simply a perversion of normal processes. Pneumonia is a thing, and that thing is pneumotoxine. Kill the pneumotoxine and nature will save the patient. Kill the tubercle bacillus and nature will repair all damages. One of these days we may call disease an entity, a thing, and hunt and kill it as one would chase and destroy a wild beast of the forest." Before a medical editor criticises too sharply a lay brother he should be sure he has outgrown his student life. We would suggest that a very little midnight oil will reveal to him a difference between cause and effect. Certainly neither garbage heaps nor bacillus are disease, though they may cause the pathological expressions we call disease; and when these expressions are sufficiently marked, though we destroy the cause, neither nature nor art may be able to repair the damage.

FLUIDS WITH FOOD—There is a very common impression that fluids should not be taken with our meals—"they dilute the digestive solvents." Water, in some form, is as important at meal time as mastication, and it is as natural to take fluids with our food as it is to eat. They assist in both the separation and assimilation of its nutrient elements. While they must not be taken in excess at meal time, or at any time, we must learn by observation what "excess" means. Learn your gauge, then "eat, drink and be merry."

FOR the alcohol and opium habit.—Give up the habit. No "tapering off," but complete abandonment; and if there is loss of appetite and strength, with too frequent pulsation and diminished liver, common

conditions, give of the following a table-spoonful just before meals:

Sulpho-carbolate of sodium... ʒ iij
 Sulph. quinine..... grs. xvi
 Sulph. strychn. grs. ss
 Syr. hypophos. comp. ʒ ij
 Glycerine ʒ ij
 Aqua, dest. q. s. ad. ʒ viii

M.

LITTLE THINGS.

ARE the effects of use and disuse inherited?—BALL.

QUININE blindness is caused, probably, by ischaemia of the retina.

A FRUITFUL source of eye strain is caused by term examinations in schools.

ENGLAND gets the exclusive right of the Keeley cure for one-half million dollars.

THE physician who is a great philosopher is not generally a financial success in medicine.

PATIENTS having albuminous urine are easily intoxicated by the hypodermic injection of cocaine.

It has been claimed that chalazion is a local tubercular process, but this is denied by Darkschewitsch.

ORGANIC heart disease does not preclude the use of chloroform in labor, but is rather a condition calling for its application.—BARKER.

A FACT needs no philosophizing, and it is better to acquire a few facts and know how to use them than much philosophy when all may be wrong.

THE *Omaha Clinic* says a Denver woman acquired syphilis from a vaginal syringe which she had loaned to a "lady (?) friend." Moral: If you loan your syringe, disinfect before using it.

TENOTOMIES, whether graduated or measured, for anything but actual deformity, are a delusion and a snare. In fact, I do not believe at all in such a thing as a graduated tenotomy—ROOSA.

Monthly Summary of Meteorological Observations.

Observing Station, Washburn College, Topeka, Kas.		
Altitude, 1,000 ft.	Longitude, 95.41.	Latitude, 39.3
JUNE.		
Mean barometer, reduced	29.898	
Mean temperature	74.3	
Mean temperature, max. and min	74.8	
Mean dew-point.....	61.0	
Mean humidity.....	65.4	
Maximum temp.....	97.3 on the 29th	
Minimum temp.....	45.9 on the 2d	
Greatest range of daily temperature.....	31.0 on the 29th	
Least range of daily temperature.....	9.0 on the 1st	
Total rain-fall, in inches.....	.73	
Number of clear days.....	15	
Number of fair days.....	13	
Number of cloudy days.....	2	
Number of days on which .01 inch precip. fell.....	4	
Prevailing direction of wind, 7 A. M., south eight times; 7 P. M., northwest seven times.		

T. B. JENNINGS, Observer, Signal Station,
Per F. S. DITTO, Signal Corps, U. S. Signal Service.

Sanmetto Can Be Relied On with Certainty of Good Results.

I am now prescribing SANMETTO for diseases indicated. Have tested it in practice; its effect was exceedingly gratifying. It can be relied on to dispense, with a certainty of good results.

W. H. C. STEPHENSON, M.D.,
Omaha, Neb.

Salophen.

Of the recently introduced remedial agents, Salophen appears to have very positive and substantial claims to consideration, and it is hoped that its qualities will be subjected to thorough clinical tests. It is so desirable to have a salicylo-phenolic derivative that will possess the therapeutic virtues of both components without their toxic properties, that therapists will watch the trials of Salophen with great interest. The special feature of Salophen upon which is based its claim of superiority to its homologues is best explained by its chemistry. It is not toxic and cannot become so in the stomach from the fact that the gastric juice does not re-act upon it. The pancreatic juices decompose it sufficiently to set free the salicylic component, which is thus permitted to perform

its therapeutic office. But the phenolic component is still held by its chemical bond and passes off as an ecetylop amidophenol without toxic influence. In consideration of these facts, together with the highly favorable clinical reports of Drs. Goldmann, Siebel and Guttmann, there is a strong probability that the long looked for, effective, yet safe, remedy for rheumatism and the neuralgias has been discovered. It appears also that Salophen is to hold a pre-eminent position as an antiseptic, and some gratifying reports of its value in typhoid fever have already been made.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES, BY SAJOUS [F. A. Davis, Philadelphia, Pa.]—We are pleased to acknowledge the receipt of the Annual of the Universal Medical Sciences. It is fully up to the former editions and there are improvements in some respects in the accuracy and completeness of the extracts. The greatest fault to be found with any work of this kind is that a short resume or an extract of a long article is likely to be somewhat misleading to one who has not read the original. It is impossible to place in a condensed form all the conditions and surroundings which might modify the indications for a certain plan of treatment, and frequently an author's ideas are stated a little more positively than in the original. Also we find an occasional error in stating the methods of operators in some reported cases. While these things are doubtless accidental, they are misleading to the reader. There is no work extant which is really of more service to the author, the teacher, or the general practitioner, who desires to keep posted on the current work of the year, than this. It very perfectly fills the place for which it is intended, and with greater experience and increased facilities it must become the *sine qua non* of the well posted or well qualified physician. M.

RUSSIA is sending us the cholera. It is on its way.